Meeting Mitchell’s Challenge: 
A Comparison of Relational Psychoanalysis and Intersubjective Systems Theory

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A human being is part of the whole, called by us, the “Universe,” a part limited in time and space. He experiences himself, his thoughts and feelings as something separated from the rest, a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty. Nobody is able to achieve this completely, but the striving for such achievement is in itself a part of the liberation and foundation for inner security.¹

— Albert Einstein

In one of the first editions of Psychoanalytic Dialogues, founding editor Stephen Mitchell (1992) argued that since the battle over orthodox psychoanalysis had largely been won, “it is now less interesting to recount the deficiencies of the classical model than to explore the subtle but quite important differences among postclassical perspectives” (pp. 443–453). In making this point, Mitchell was clearly referring to two of the most influential postclassical perspectives, Relational Psychoanalysis and Intersubjective Systems Theory, but despite Mitchell’s decade-and-a-half-old challenge, there has not been much discourse between them. The author argues that this involves something of an “apples and oranges” problem in comparing the two given each perspective’s use of language. This relates principally to the Intersubjectivist’s criticism of the Relationalist’s invocation of Cartesian-laden (“isolated-mind”) dualisms found in the Relationalist’s retention of traditional psychoanalytic language in their paradigm. The Intersubjectivists argue instead in favor of their own highly abstract, radically contextual paradigm and its corresponding Cartesian-eschewing language. The author concludes that while the Intersubjectivist’s theory is a critically important contribution to contemporary psychoanalysis, the Relationalists more colloquial use of language retains meaningful aspects of the overall psychoanalytic canon in a manner that is frequently lost in the Intersubjectivist’s theory. However, the Relationalist’s paradigm requires always re-contextualizing such ideas in terms of a bidirectionally, mutually influential two-person psychology, a requirement that is always at risk of the decontextualization of isolating causality to one mind over the other. Ultimately, the thrust of this paper is an attempt to meet Mitchell’s challenge through the exploration of certain core concepts of difference between the two perspectives, namely, Mutual Recognition, Projective Identification, and Mixed

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Models. Differences over these concepts are emblematic of the language problems that arise in the attempt to unify these perspectives within a single epistemological framework. The author concludes that although ongoing dialogue between the two perspectives is useful and necessary in an increasingly pluralistic psychoanalytic world, the differences separating the two remain.

INTRODUCTION

In one of the early editions of *Psychoanalytic Dialogues*, Mitchell (1992) argued that since the battle over orthodox psychoanalysis had largely been won, “it is now less interesting to recount the deficiencies of the classical model than to explore the subtle but quite important differences among postclassical perspectives (pp. 443–453). As his paper was a discussion of another by Stolorow and Trop (1992), Mitchell was clearly addressing two of the most influential postclassical perspectives, Relational Psychoanalysis, a pluralistic collection of theoretical voices (hereafter referred to as the Relationalists), and Intersubjective Systems Theory, primarily the work of Stolorow, Atwood, and Orange, as well as a few other contributors (hereafter referred to as the Intersubjectivists). Despite Mitchell’s decade-and-a-half-old challenge, there has been virtually no discourse between these two perspectives, a deficit I hope this paper will fill for the purposes of enlarging dialogue.

In organizing my comparison of the theories, I decided to use chapter V in the Intersubjectivists’ last collaborative volume *Worlds of Experience: Interweaving Philosophical and Clinical Dimensions in Psychoanalysis* (Stolorow, Orange, & Atwood, 2002), titled “Cartesian Trends in Relational Psychoanalysis.” Although there are any number of ways to frame such a comparative theory article, it seems meaningful to take up the Intersubjectivists’ critique of the Relationalists and to provide a plausible rejoinder, while attempting to tease out what is at stake in both perspectives.

Before elaborating my thesis, several caveats need to be raised with respect to reading this text. The first is that the Intersubjectivists typically publish their books as one-collaborative-voice, and where they publish separately they typically allude to their ideas as extensions of collaboration. This makes it difficult if not sometimes impossible to tell where the three principal authors might disagree with one another. Conversely, the Relational authors typically write separately, periodically disagreeing with one another making it exceedingly difficult to represent them as a kind of unified voice. Compounding this ever further is that Relational authors often come from disparate theoretical backgrounds such as Freudian, Kleinian, Kohutian, and Sullivanian Interpersonalism to name but a few of many originating persuasions that influence their work. Bearing in mind all of these complexities, I decided using the Intersubjectivists’ chapter V could be as fruitful as any a way of attempting at least a beginning foothold of comparison.

A second caveat is that I have had to isolate my comparison strictly to an evaluation of the texts of the authors of both perspectives and not to what it is they might say or do or think independently of their texts. This is a critically important point because those who have had the privilege to have been treated, taught, or supervised by any of the authors under study, may well have heard them assert ideas and practices not necessarily always in accordance with their texts.

The final caveat is that comparisons on this very broad level of abstraction inevitably come across somewhat as caricatures. Caricatures always risk exaggerating certain features of a subject while egregiously minimizing others, sometimes equally important ones. With these caveats in
mind, I now describe several points the perspectives share in common and others over which they significantly differ.

In the vein of the epigraph quote from Einstein on our “optical delusions,” the two perspectives share an epistemology called “perspectival realism,” which has been defined by the *Intersubjectivists* (Stolorow et al., 2002) as

> Each participant in the inquiry has a perspective that gives access to a part or an aspect of reality. An infinite—or at least an indefinite—number of such perspectives is possible. ... Since none of us can entirely escape the confines of our personal perspective, our view of truth is necessarily partial, but conversation can increase our access to the whole. (pp. 109–110)²

Another commonality is that their clinical methodology shares an empathic/introspective/interpretive tradition. That is, the patient’s subjective experience is approached, at least initially with a great deal of empathic inquiry, while the analyst also introspects about her own cornucopia of theories and experiences in her attempt to better understand her patient’s experience as well as to better understand her limitations in understanding. Finally, the result of empathic/introspective inquiry hopefully produces provisional interpretations about the meaning of the patient’s experience; interpretations, that link his past, his present and configure his anticipation of his future. A number of differences in clinical approach are also illuminated throughout this paper.

Still, another commonality is that both perspectives are—at least implicitly, where not explicitly—influenced by five decades of systems theory that originated before them. For example, neither adheres to a linear, cause-and-effect model but recognizes that members of any social system perpetually mutually influence one another in a nonlinear, circularly causal manner. Furthermore, both adhere to many systems principles such as *equifinality* often posited as “there are many roads to Rome.” This means that there are many ways in which the clinical dyad may move through a treatment, often having as much to do with the nature of the therapeutic relationship as to its theoretical bent.

Notably, in all these ways and many more beyond this paper’s scope, both perspectives have been the advanced guard of an enormous “sea change” in psychoanalysis challenging on all fronts its traditional theoretical edifice embodied in its objectivist-tradition as well as its emphasis on what has euphemistically been called its “one-person” psychology. In fact, the *Intersubjectivists* aver that while both their theory and the *Relationalists* have been instrumental in this subversion, in chapter V, they argue that the *Relationalists’* retention of Cartesian language undermines their role in it.

The first notable difference returns to the issue of their shared epistemology, “perspectival realism.” For the *Intersubjectivists*, “perspectival realism” is a background issue, principally a crucial reminder to the analyst that hers is but a perspective about the patient’s perspective and never an objective claim. In this manner, and throughout their theory and their clinical illustrations, the perspective of the patient receives more attention than that of the analyst. Meanwhile, for the *Relationalists* “perspectival realism” takes up more of a foreground perspective enveloping both analyst and patient in a more active and continuous sense of how the perspectives both illuminate

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²A minor technical point is that *Relationalists* use other terms that correspond with “perspectival realism” including for example “social constructivism” (Hoffman, 1992) and “perspectival relationalism” (Aron, 1996). Although philosophically, “social constructivism” is different from “perspectival realism” (Orange, 1992) it is used synonymously by the *Relationalists* (Hoffman, 1992).
as well as constrain one another and this is especially evident in the Relationalists’ case illustrations. For example, Relationalists’ case examples are often illustrative of moments of discordance between the perspectives of the analytic pair, moments codified by them in terms of necessary enactments—ones essential to taking up what is inaccessible to attuned empathic inquiry alone.

A second notable point is in the two perspectives extraordinary differences in use of language that which Orange (2003a, 2003b), following Wittgenstein, refers to as “language games.” These differences occur in two fashions, the first being what I call “the levels of abstraction” distinction and the second, the relative importance of expunging versus retaining word-remnants instantiated in the Cartesian philosophical world view.

On the first point, the Intersubjectivists’ position is that explanatory theory should always be sharply distinguished from the phenomenology that it explains. This means, for example, that feeling “driven,” as a description of phenomenological experience, is on a different level of abstraction from the theory of drives which attempts to explain it (and which the Intersubjectivists strongly eschew in favor of affect theory). The same can be true for virtually every construct in psychoanalysis, for example, envy, penis (phallus) envy, castration anxiety, and so forth. Any of these may represent psychological phenomena that become targets of exploration, though the explanatory theories upon which they are based may be highly equivocal.

Ironically, although this division in levels of abstraction is critical to the Intersubjectivists’ critique of psychoanalytic theory, is often more assumed than expressly stated. As such, when reading the Intersubjectivists, one must tease out when their use of language is on the explanatory level versus when it is on the phenomenological, that is, clinically descriptive level, and this is not always so easy. Nevertheless, their position contrasts with the Relationalists’ lack of differentiation of these two levels of abstraction and it is on this latter point that the Intersubjectivists and the Relationalists radically part.

Contrary to the Intersubjectivists, the Relationalists adhere to a stance of preserving within their theoretical explanatory language allusions evocative of the phenomenology it seeks to explain for reasons outlined in greater detail momentarily. In this latter way (this more colloquial use of psychoanalytic language), the Relationalists are comfortable with retaining Cartesian-laden-dualities—the language that psychoanalysis inherited—so long as it is recontextualized relationally and never isolated solely to any one participant’s mind. This means, however, that when reading the Relationalists, one must remember that all invocation of traditional (historically “one-person” psychological) psychoanalytic concepts is assumed to be understood as recontextualized in terms of an ongoing, bidirectionally influential two-person psychology, and that the “thing-ness” of Cartesian language translates structural language into one of processes. Thus the language of structure actually pertains more to the phenomena of thematic convergences between the two parties “relational matrices” (Mitchell, 1988), a concept comparable to the Intersubjectivists’ notion of “organizing principles” (Stolorow, Brandchaft, & Atwood, 1987). Nevertheless, both perspectives reliance upon their reader’s understanding of what each assumes, can lend to intermittent muddles, misunderstandings, and miscommunications, especially, when comparing the two. This makes it necessary to elaborate a bit more on how language use differences matter in comparing the perspectives.

Open any book by Stolorow, Atwood, and Orange and one will be immediately struck by their use of language. It becomes apparent that they have carefully chosen their words to present as accurate as possible a contextualist explanatory theory of the phenomenology of psychoanalysis.
In other words, although their explanatory, abstract language can appear very experience-distant and intangible, its intent is to encourage clinicians to resist the reductionism and foreclosures common to the traditional psychoanalytic canon and to undauntingly pursue the closest iteration of subjective experience as possible. Subjective experience that they adamantly aver can only be understood in the context that gives rise to it! In this way, their tome enlarges the realm of evocative possibility while attempting to avert what they see as the problematic connotations of Cartesian laden language. That is, language liable to “locate” the problem within the patient in a manner that traditional psychoanalytic constructs such as the Oedipal Complex or “good” versus “bad” object representations, or whose projection is whose identification and so on are at risk of doing. Where these concepts are seen as a priori universal explanations of phenomena the Intersubjectivists argue that, they can “lead us into believing that we know more than we do” (Orange, 2003a, p. 139) and even worse, to go looking for it! In this manner, the Intersubjectivists expand forward a long tradition of humanistic/existential thought from at least one corner of psychoanalytic history.

The relational counterpoint to this is that it is primarily through our embodied use of phenomenologically laden language that our explanatory theories come alive for us in ways that are deeply human (Gerhardt, 2003). As an example, all of those “Cartesian” ways in which we experience our inner skin-encapsulated “world” versus the ways we experience the “world” outside our body, lends to our experiencing ourselves as (Cartesian-like) “containers,” “containing” a “mind” and “its” contents. Even though Relationalists acknowledge that these so-called contents are inextricably embedded in social contexts, they also recognize that they are subjectively experienced as ours. So long as their ideas are recontextualized with the understanding that all human experiencing is inherently relational, they typically find that there is less harm in retaining such embodied language than might occur from either purging it or subjecting it to massive retranslation.

Furthermore, the Relationalists would likely argue that the Intersubjectivists’ contextualist ideal (in essence, that everything ineffably influences everything) risks minimizing the serious conundrums of “framing” in clinical judgment, that is, our determination of what within any system is more if not most influential in affecting its operations. For example, some forms of intractable transference may trump the best efforts of many different clinical regimens. In short, we are inextricably forced to punctuate clinical moments (including the problems of cause and effect) and to the extent that we do, we necessarily decontextualize parts of our experience from the “great-big-altogether-everything-else,” creating our own “optical delusions” as Einstein put it.3

As one who finds merits in both perspectives, I find these arguments breathtaking, in so far as each argues passionately about how we are to think about every aspect of the distribution of representation and responsibility throughout the intersubjective system that we are all investi-

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3This is inescapable, as Cilliers (1998) pointed out, “Despite the fact that we cannot represent the essence of a complex system in determinate terms, we cannot resist, or perhaps even avoid, the construction of some kind of interpretation of the nature of the system at a given moment. These interpretations, however, are in principle limited. We are always constrained to taking snapshots of the system. These shots are always taken from a certain angle and reveal some aspect of the system at some moment. Nothing prevents us from attempting explanations of the system—we can take as many pictures as we want—as long as we realize the limitations of each particular one. … The danger lies in falling under the spell of a specific picture and claiming a privileged position for it. Since it would not only deny the limitations of the specific angle, but also prevent further explorations, this spell must be broken by relentlessly showing the contradictions that result from fixing the boundaries from one perspective. (pp. 80–81)
gating (Coburn, 2002, 2006). This leads naturally then to how the two perspectives define intersubjectivity.

It has been noted by many people that there are any number of definitions of the term intersubjectivity in current usage; consistent with their uses of language, Relationalists and Intersubjectivists use very different ones. The Relationalists generally favor Benjamin’s notion of intersubjectivity as reflective of a developmental process of capacity. That is, the patient’s emergent capacity to move beyond viewing the other as an omnipotently controllable (or controlling) object to an awareness of the other as an irreducible subject of initiative in his own right.4

By contrast, Intersubjectivists proffer a formulation of intersubjectivity as an abstract field upon which all human experience takes place. They state,

For us, intersubjectivity has a meaning that is much more general and inclusive, referring to the relational contexts of all experience, at whatever developmental level, linguistic or prelinguistic, shared or solitary, it takes form (Stolorow and Atwood, 1992). An intersubjective field is neither a mode of experiencing nor a sharing of experience. It is the contextual precondition for having any experience at all. (Orange, Atwood, and Stolorow, 1997). (p. 85)

Here we see an exceedingly clear example of the differences in the distinction of “levels of abstraction” debate. To the extent that the Relationalists’ definition incorporates certain phenomenological concepts, the Intersubjectivists object. Primary in their objection is about the phenomenon of “mutual recognition,” about which in chapter 5 they raise three criticisms: (a) the “necessity of mutual recognition” as a measure of developmental capacity, (b) the problems inherent in mutual recognition in terms of distinguishing whose “fantasy” from “reality,” and (c) the “hidden moral agenda” embedded in the idea of mutual recognition.

The process of mutual recognition operationalizes Benjamin’s (1988) version of intersubjectivity, though this is not such a simple matter. Namely, that Benjamin recognizes that every human encounter is fraught with the potential for, if not the likelihood of misrecognition and negation. In fact, she believes that the recurrence of negation is a normative part of every relationship, since it is a byproduct of the assertion of self. For example, assertions of self that take the other for granted (negation) often result in ruptures that force awareness (recognition) and often precipitate repair (mutual recognition). Hence, mutual recognition is not an analytic ideal to be foisted upon analytic participants, but a repair of relational ruptures. It only makes sense then in its dialectical relationship to the inevitability of mutual negation.

For many Relationalists, Benjamin’s formulations support a theoretical foundation with great clinical utility, but for the Intersubjectivists the comingling of her phenomenological observations with her explanatory theory as well as her retention of Cartesian infused language is fraught with problems. First, among these, they note that Benjamin’s “mutual-recognition theory postulates that ‘the other must be recognized as another subject in order for the self to fully experience his or her subjectivity in the other’s presence.’” This is a rather clear example for the Intersubjectivists of the problem of conflating the explanatory with the phenomenological, which Benjamin unapologetically does. The Intersubjectivists continue, “To our ears, Benjamin’s subjects, whether ‘the self’ or ‘the other,’ sound very much like monadic Cartesian mind entities, with the

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4Balint (1985), of course, pointed out that the term omnipotence does not refer to the feeling of power so much as it represents a defense against feelings of impotence, helpless, and dread of dependence.
exception that their objectification and separateness are not pre-given but achieved through an interactional process of mutual recognition” (pp. 85–86).

Here the Intersubjectivists’ Cartesian language critique looms large, making it difficult, from their contextualist “language game” perspective, to accept a fairly common Relationalist premise. That is, that as human beings we struggle with an over encompassing tendency to omnipotently (and therefore solipsistically) organize our experience in terms of our “optical delusions”. This tendency—call it our transference proclivity—embodies our “fictions” by which we organize all matters of persons (whether seen as subjects or objects), situations, and events. We struggle correspondingly with coming to recognize that we are all—each one of us—limited by our versions of “perspectival realism.” Of course, we don’t necessarily think these thoughts explicitly, but more in a kind of “implicit relational known” (D. N. Stern, 2004), which is reflected by capacities for turn-taking, empathy, entertaining perspectives beyond our own limited horizons, and so forth. This perspective, however, is also commonly interfered with by omnipotent fantasy.

Ultimately, all of this reflects recognizing others as also operating from their own “optical delusions.” In essence, mutual recognition arises when we must come to terms with the limits of our world view as it collides with others and to recognize as well as negotiate our differences while perhaps regaling in our commonalities (Pizer, 1998). Thus coming to terms with our omnipotent projections is at the heart of mutual recognition for Relationalists, though it begs another question for the Intersubjectivists as to who determines what is (omnipotent) “fantasy” and what is “reality”? This moves us to the Intersubjectivists’ second post-Cartesian “language game” objection. They write,

In Benjamin’s (1995) framework, fantasy is the antithesis of mutual recognition in that “all fantasy is the negation of the real other” (p. 45). This real other is defined as one “truly perceived as outside, distinct from our mental field of operations” (p. 29). Here we see a rather dramatic return of the Cartesian subject-object split, the separation of an absolutized external reality from a mind that perceives, distorts, or negates it. But according to who’s decontextualized, pre-conceptionless God’s-eye view (Putnam, 1990) do we say what is real and what is negation? (p. 86)

On the matter of differentiating “fantasy” versus “reality” in psychoanalysis, the Intersubjectivists are quite adamant; they write (Stolorow et al., 2002),

We must attend to truth-as-possible-understanding and not truth-as-correspondence-to-fact. Whatever the facts may be, we must find ways to converse about the meanings, and arguments about reality and the associated insistence that the patient recognize the analyst’s perspective are usually the quickest exit from the search for understanding. (p. 119)

What I believe the Intersubjectivists are arguing—a point with which most analysts, including the Relationalists would have little disagreement—is that psychoanalysis is not a science about the exactitude of facts, that is, about objective reality. Returning to Einstein in the epigraph, as human beings, we are always parsing the universe into our “optical delusions.” In essence, our use of language is always operating in the realm of fictions5 some more useful in some contexts, some more useful in others. Still, the Intersubjectivists seem to interpret the Relationalists as taking up this objectivist stance, especially where their language use puts them at risk of lapsing into the

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5Rorty (1989) made a comparable point about how all language is inextricably embedded in metaphor; the question then becomes which are more suitable to the elucidation given circumstances.
objectivist tradition of science that is part of Freud’s ambiguous legacy. If one reads the Intersubjectivists’ interpretation of the Relationalists accordingly, one can understand their concern. For example, the Intersubjectivists are quite correct that Benjamin’s language, like that of many Relational authors, courts Cartesian dualisms, unrequitedly invites accusations of universalisms, and references the phenomenology of intrasubjective and intersubjective life in a manner that makes her vulnerable to the Intersubjectivists’ accusations of objectivism, accusations that they have also made of Mitchell, Aron and many other relational authors. In their subversive fervor, however, I believe the Intersubjectivists go too far in their provocative language accusing the Relationalists of engaging in a “God’s-eye-view.”

There is nothing in the relational canon that supports any version of a “Gods-eye-view” or any comparable allusion to a pure objectivist epistemology. More to the point, at stake for the Relationalists is the need to distinguish the experiential subjective reality of the other as a separate subject from one’s sense of self as subject. That means recognizing the other as having her own center of initiative, her own agency, her own mind, and that requires coming to terms with ways in which one represents the other in fantasy as opposed to how that other actually experiences her subjective sense of reality. To underscore, the Relationalists, at least as I read them, are not arguing about the patient’s or the therapist’s exactitude of factual representation but as to how each accounts for the “facts” underpinning their deeply held narratives, emblematic of their deeply personal, often times deeply private, and deeply necessary “optical delusions.” In short, “truth as possible meaning” simply cannot be fully apprehended without attending to the “truth-as-corresponding-to-one’s-organization-and-use/defense-of-one’s-facts” as they represent the bricks and mortar of the architecture of one’s narrative truth. Hence, collisions of “facts” lend to mutual negation each and everyday of our life and therefore are the substance—at least as I read the Relational canon—of foment in the intersubjective realms of negation, recognition and negotiation.

The “language game” controversy between the two perspectives culminates in a third critique the Intersubjectivists make of the concept of mutual recognition in which they accuse the Relationalists of embedding in it a “hidden moral agenda.” They note that mutual recognition has become for some relational psychoanalysts a way to exhort the aggressive Kleinian infant to become an ethical, less self-absorbed adult. One deleterious clinical consequence of such a hidden moral agenda is that psychoanalysis as questioning dialogue or making sense together (Orange, 1995) can degenerate into analyst’s imposing a demand for recognition upon the patient, with the latter’s ability to do so being taken as a measure of analytic progress. (p. 87)

Here is where I believe the Intersubjectivists’ position radically misses Benjamin’s basic notion of mutual recognition. Mutual recognition can never be a requirement of treatment since if it

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6In fact, Benjamin (2005) wrote, “The most troubling feature of the analyst’s aspiration to objectivity is not only the scotomization of the analyst’s subjectivity, that is, unconscious contribution, but the certainty that it will create relations of power. If the analyst clings to a need to be objective, to be the one who knows, this will tilt the relationship toward fostering compliance or defiance and will eventually undermine collaboration” (pp. 451–452). Echoing Benjamin’s comment, Aron (1996) wrote, “Relational-perspectivism eschews the role of the authoritative analyst, who knows the truth and represents reality and therefore health, in favor of a view of the analyst as a coparticipant involved in a mutual if asymmetrical endeavor.” (p. 258)

7Meanwhile, Mitchell (2000), resurrecting Loewald’s body of work, captured the essential and inextricably intertwined ways in which both fantasy and reality necessarily inform each other. In fact, when either is taken alone, it is at best an impoverished perspective and at worst, possibly an endangering one.
ever is, the treatment is paradoxically jettisoned into a state of complementarity, the dominant-submissive position that would result necessarily from such a demand. Indeed, it would be the opposite, that is, the very negation of mutual recognition.

Still, the Intersubjectivists’ question of the Relationalists’ reliance upon mutual recognition as fundamental to their definition of intersubjectivity is more than merely academic. To a large extent, I believe they are concerned that its invocation involves risks that may arise in the Relationalists’ clinical practice.

For example, the Intersubjectivists would likely argue that the Relationalists’ use of terms suggestive of Cartesian “isolated mind” entities risks decontextualizing and thereby prospectively de-emphasizing the analyst’s role in what is transpiring between the two participants. This then risks implying a kind of primary responsibility on the patient’s part, one that is exclusive of, or at least as seen as predating his involvement with the analyst. This insinuation is anathema to the Intersubjectivists’ values, which hold that “real” responsibility should not even be a consideration in psychoanalytic treatment.8

Furthermore, that such an attitude regarding the patient’s responsibility for his personal problems—as well as what the Intersubjectivists read as the requirement to recognize the analyst—can undermine one whose world view is already shaky and easily fragmented or annihilated. Here the Intersubjectivists’ sensitivity to the patient’s vulnerability to experiences of annihilation powerfully informs their clinical practice, though here it also reflects that in the clinical realm, the Intersubjectivists’ tilt is primary in the direction of contemporary versions of self psychology, which emphasis the annihilation risks of self-fragmentation.9

Though the Relationalists would not disagree with the warning to avoid arguing with patients about whose version of reality is correct, at the same time I believe they would argue that to the extent that our life hinges upon our respective “optical delusions,” we feel responsible for its vicissitudes. They would likely add that the patient needs to address this sense of responsibility—this sense of agency—from a standpoint of individual authorship, in some cases even before he can come to understand what part of it derives from more complex relational interactions. In short, without the mutual recognition of both other and self as subjects, one or both are potentially left stranded in the land of omnipotent fantasy putting constructive discussions of relationality and context in jeopardy.

Taken at face value, the concerns of the Intersubjectivists and Relationalists begin to occupy ends of a continuum. On the Intersubjectivists’ side is the powerful concern for the patient’s vul-

8The Intersubjectivists write, “Patients and analysts can become endlessly entangled in trying to determine where a particular reality lies, inside or outside, or where responsibility for a reaction, for a life pattern, or some personal disaster lies. Tempted to think that everything is either inside or outside, and that these are genuine logical opposites, psychoanalytic theorists have described the Cartesian mind with spatial and mechanistic metaphors like transferring, displacing, and projecting, or have talked of distortion and delusion. Such conceptions may interfere with a shared search for profound and personal experiences of trauma, of self-loss, and of nonbeing” (Stolorow et al., 2002, p. 26)

9Following a very common observation in the literature, Thompson (2006) noted that the Intersubjectivists set themselves apart from most relational analysts in their rejection of traditional psychoanalytic developmental theories, whether Freudian, Kleinian, object relations, interpersonal or other origins” (p. 59). As such, he noted that their clinical practice theory relies principally on a Kohutian paradigm. It should be noted, however, that the Intersubjectivists also subject the classical Kohutian paradigm to a radical Cartesian-ectomy (2002, chap. IV), thereby expanding its horizons with what they identify as the more commensurable emergent theories in the contemporary self psychological venue, such as motivational systems theory, mother–infant research, attachment theory, complexity theory, specificity theory, and so forth.
nerability. A particular vulnerability, to which the therapist must be extraordinarily vigilant, so as to not provoke “pathological accommodation” to the analyst’s narcissistic needs. On the other end of the continuum—the vantage point of the Relationalists—there is concern over the analyst’s vulnerability to “pathologically accommodating” the patient’s view in a matter that fortifies her patient’s omnipotence, further isolating him from the world. Each side of the continuum of vulnerability can be seen as counterbalancing the tilt of the other.

Of all the concepts that differentiate the Relationalists and the Intersubjectivists, projective identification is undoubtedly the clearest and most contentious. The Intersubjectivists’ point to a number of problems underlying the basic formulation. I take them one at a time. To begin, they identify the way in which it is often misused:

We view the notion of projective identification as one of the last, seemingly unassailable strongholds of Cartesianism in relational psychoanalysis. … We have come to regard the doctrine of projective identification—the objectified image of one mind entity transporting its contents into another mind entity—as faithfully diagnostic of Cartesian isolated-mind thinking. (pp. 88–89)

This assertion certainly captures one of the most deleterious uses of the term, the positing of the patient putting his feelings into the analyst, and I very much agree with the Intersubjectivists’ point. To my ear, this statement makes the analyst sound delusional, and it is in this slipshod misuse of a more contemporary versions of projective identification that more harm occurs than good.

Secondly, the Intersubjectivists deplore the defensive utilization of projective identification by analysts wishing to avoid the acknowledgment of their contributions to clinical impasses and patients’ negative reactions by wrapping themselves in a cordon sanitaire to obscure “the contribution of (their) activity to the course of the therapeutic interaction” (p. 91). Here I only partially agree with the Intersubjectivists’ position. It strikes me that many Relationalists might wonder, “Isn’t the opposite also possible? Might not analysts be at risk of wrapping patients in a cordon sanitaire, one that serves to protect patients from any untoward reaction arising from recognizing the analyst’s subjective difference? And, in so doing, might the Intersubjectivist’s emphasis be inadvertently undermining the process of mutual recognition?”

Lastly, the Intersubjectivists note that projective identification is historically grounded in Kleinian metapsychology, and the current usage necessarily reflects these origins, for example, arising out of the “death instinct.” They see this as miring it in the “psychoanalytic version of the doctrine of original sin” (Orange, 2003b, p. 85). Further, they would claim that to ignore that past is to decontextualize the term in a way that is naïve, disingenuous, or both.

The Relationalists, on the other hand, would argue that the Intersubjectivists are engaging in their own decontextualization, that is, they are not recognizing the important modifications that the term has undergone that have made it more viable for contemporary clinical usage. In fact, projective identification has experienced a monumental evolution over decades (it is pivotal to any object relations version of family systems theory and is posited in manners that omit any reference to Klein’s invocation of the death instinct). In this evolutionary process, it has been radically redefined both theoretically and clinically. Nevertheless, the Intersubjectivists appear to devalue the concept’s transformation over time. Given their anti-Cartesian language bias, they would find little value in what the Relationalists’ find of great utility and that is of thinking of projective identification (especially the bidirectionally influential type) as a precursor for enactments.

Apropos the Relationalists’ points, read almost any detailed case illustration from any of their authors and you will see how they discuss how the “inner world” of the patient gets induced into
the “inner world” of the analyst and how the analyst’s reactions can induce the same in their patients. In this manner, they richly capture the interpersonal phenomena that dissociative processes in both parties give rise to. Their language is typically powerfully rich in metaphor, highly descriptive, and evocative of a perpetual ping-ponging of penetrating inner worlds of experience that “traverse” the “transitional space” between both patient and analyst, instantiating a coauthored reality often referred to as the “relational matrix” or the “psychoanalytic third” (Benjamin, 2004; Ogden, 1994). But to do so, they readily embrace the Cartesian world of language of “inner versus outer” and of “cause and effect” (albeit understood as bidirectionally punctuated moments of perpetual circular causality). Nevertheless, the remnants of Cartesianisms make this a “language game” that the Intersubjectivists adamantly reject.

Still, from the Relationalists’ perspective, when empathic engagement fails to elucidate many of the patient’s dissociated self-states, it is through the process of bidirectional, mutually induced identifications that affects get conveyed that neither party has yet been able to symbolize. Put another way, projective identification is the process by which I unconsciously recruit you into my “optical delusion” and you recruit me into yours. As such, it does us no good to demonize it as the Intersubjectivists have (Stolorow, 1997). It is only by being aware of its ubiquity that we can ever use to a good and not harmful effect. These points inevitably leads to the Relationalists’ critique of what they call the Relationalists’ “model mixing.”

The Intersubjectivists write,

Mixed models that perpetuate, rather than subvert, the original Cartesian division between inner and outer realms are prevalent in contemporary relational theorizing. … It is our view that the persisting dichotomies between the intrapsychic and the interpersonal, between the one-person and two-person psychologies, are obsolete—reified, absolutized relics of Cartesian bifurcation. … We ought to speak instead of a contextual psychology, in which experiential worlds and intersubjective fields are seen as equiprimordial, mutually constituting one another in circular fashion. Unlike Cartesian isolated minds, experiential worlds, as they form and evolve within a nexus of living, relational systems, are recognized as being exquisitely context-sensitive and context-dependent. In this conception, the Cartesian subject-object split is mended, and inner and outer are seen to interweave seamlessly. We inhabit our experiential worlds even as they inhabit us. Mind is pictured here as an emergent property of the person-environment system, not as a Cartesian entity localized inside the cranium.” (pp. 94–96)

In moving beyond one- and two-person psychologies, the Intersubjectivists (Stolorow et al., 2002) are transitioning into what they have quipped a “no-person” psychology (Stolorow, 1997) since the “very phrase two-person psychology continues to embody an atomistic, isolated-mind philosophy in that two separated mental entities, two thinking things, are seen to bump into each other” (Stolorow et al., 2002, p. 95).

While there is something compelling in any position that challenges the constrained horizons of our “optical delusions,” most Relationalists would argue that the Intersubjectivists are throwing out a very useful clinical baby with the Cartesian bathwater. When the mind of the analyst is denuded of inner versus outer, one- versus two-person experiencing, reality versus fantasy, along with the dialectical relationship between them, it becomes far more difficult to discern what is impacting what and who is impacting whom and what is the nature of conflicts arising both within and between the participants. As such, this latter judgment inevitably involves punctuations of our experience of reality (framing), which must occur even in “experiential worlds and intersubjective
fields (that) are seen as equiprimordial, mutually constituting one another in circular fashion” (Stolorow et al., 2002, p. 96) Furthermore, the Relationalists would argue, such discernment is essential in forming effective clinical judgments.

An Intersubjectivist counterpoint to this is that as Cartesian language becomes implicated in how the “clinical pie” is “sliced,” as in “what’s inner?” “what’s outer?” and “what belongs to whom?” it can be easy to slip into reified localizations of the “causality” for “what’s going on here.” The radical contextualism of the Intersubjectivists intends at least to leave open as long as possible the question of how meaning and responsibility are distributed throughout that analytic coupling (Coburn, 2002, 2006). This enables Intersubjectivists to persistently question their participation in the treatment dynamics in a manner that Cartesian framed questions might inadvertently foreclose (Jacobs, 2007).

Ultimately, however, the Relationalists would likely reject the purity of the Intersubjectivists’ vision primarily because of its impoverished discussion of the concept of agency. For the Intersubjectivists, the concept of agency is a “reified image of an omnipotent agent single-handedly creating his own experiences—another variant of the individual isolated mind in action” (Stolorow & Atwood, 1992, p. 15). Indeed, for many Relationalists, one’s sense of agency does not simply speak of one’s individualistic intentions and desires; it also arises through recognition of our impact on others, especially, in relation to our recognition of our impact on the other’s sense of agency and vice versa (Benjamin, 1999; Gentile, 2007).

As such, for the Relationalists, what is at stake in any analytic encounter, and what they might argue Intersubjectivists are at risk of missing, are colliding visions of agency: powerful and conflicting agendas that embed what is at stake for each participant. The Intersubjectivists comparative language of colliding worlds of subjective experiencing does not capture for the Relationalists the sense of will, purpose, and responsibility that is embodied in the historical concept of agency, as well as being central to investigating processes leading to personal liberation.

Notwithstanding these Relationalist counterpoints, the retention of “mixed models” is not a position the Intersubjectivists can accept. They write,

relational theorists have tried to combine, reconcile, and preserve elements of these two worlds (“the world Freud inherited from Descartes” and the “world of post-Cartesian contextualism”) by claiming that they can co-exist in some form of dialectical relationship. We believe that such efforts, although appealing, cannot succeed, because these two philosophical worlds are fundamentally incommensurable. We must choose [italics added]. (p. 96)

Still, the Relationalists counter that these are false distinctions. Frie and Reis (2006) put it this way:

Much of psychoanalytic debate has bifurcated into false distinctions. The observer is given two choices: the Cartesian conception of the self as an essential, nonrelational entity, or the postmodern notion of the self as a social construct, embedded in relational, linguistic, and cultural contexts. In the process, use of concepts as the ‘individual’ and ‘agency’ is labeled a return to Cartesian isolated mind thinking. This type of reaction is unfortunate since it forestalls any meaningful discussion about the role and importance of agency. (p. 28)

Such dichotomies can also be seen as potentially limiting the capacity of the dyad to play with ideas, ideas that come from different disciplines and divergent schools of thought. The imperative
to choose one system forces an intellectual purity in which one vision is held paramount while others are suppressed. I believe that this can be counterproductive.10

And, yet, there is also something very gripping in the *Intersubjectivists* and *Relationalists* debate. Certainly, these two compelling evocations within the contemporary psychoanalytic scene strike me this way, bringing to bear issues of importance that can only come from their disparate invocations of “language games” and interrogations on disparate levels of abstraction.

**CLINICAL IMPLICATIONS**

The centerpiece of debates about contemporary psychoanalytic treatment no longer merely asks how do patients develop and grow, but also how both analyst and patient are challenged in this effort. This often arises in terms of how they balance their explicit (articulated) as well as implicit (nonconscious, unformulated) needs in relation to one another (Bacal & Thompson, 1996; Ringstrom, 1998b, 1998c). This further begs the question to what degree the locus of vulnerability is recognized as shifting between the patient and the therapist. Thompson (2006) noted that unlike the *Intersubjectivists*, the *Relationalists* pay more attention to what happens when the therapist’s version of subjectively-held-reality “comes under attack.” Both sets of vulnerabilities culminate in the question, at any moment, who is at risk of “losing their mind” versus whose version of mind will prevail?

Perhaps the simplest way to examine the two perspectives differences is through a brief case illustration, one that I am excerpting from chapter VI of the *Intersubjectivists* (Stolorow et al., 2002) most recent collaborative volume. A caveat before introducing it is that in its brevity, it is an intentionally oversimplified example by the *Intersubjectivists* only to make a particular clinical point, for example, never to argue facts with a patient. As such, this illustration surely does *not* do justice to the clinical complexities—both explicit and implicit—in the *Intersubjectivists’* theory.

On the other hand, what it does do quite remarkably is capture in one paragraph a vignette of clinical work as well as a rationale for it that I believe would be virtually impossible to find in any *Relational* author’s text. As such, I believe the vignette demonstrates a number of differing points of orientation, differing sets of concerns, and most certainly the profound influence of each perspective’s differing uses of language.

The *Intersubjectivists* write,

> “I have been so upset,” a longtime patient begins. “I can’t get out of my head that you called me a borderline. I can’t stop thinking that that is what I really am and that that is how you see me.” “Oh no,” the analyst thinks, “it’s not possible [italics added]. I have a poor memory, but I couldn’t have. [italics added] I don’t even believe in the borderline concept and cannot remember ever having called anyone by that name.” So the analyst says to her patient that what she has *done to* [italics added] him is terrible and asks him to tell her when it happened and what they had been talking about. She acknowledges that his memory is generally better than hers. (p. 103)

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10Cilliers (1998), writing from complexity theory, agreed, claiming that “there should be no immutable ‘method’ that determines what forms part of the canon and what does not. Instead of throwing away everything that does not fit into the scheme, one should try to find meaningful relationships among the different discourses. … Dissenting voices receive no special privilege; they have to enter into the ‘agonistics of the network,’ where their relevance is dynamically determined through competition and co-operation in terms of history as well as the changing needs and goals of the system” (pp. 118–119).
The rationale provided for the analyst’s response is that an analyst must never argue with her patient about “facts” and presumably thereby never argue about the factual nature of what transpired between them. Nor, for that matter, should she point out her patient’s misrecognition (e.g., negation) of her. To do so, according to the Intersubjectivists, would be tantamount to telling their patients that they are “wrong, mistaken, or even delusional” (Stolorow et al., 2002, p. 105). Indeed, they argue, such an assertion would presumably follow from the analyst’s injured “sense of professional selfhood,” causing her to be “too readily inclined to react by pathologizing the patient’s perspective” (p. 106). Such moments of impasse (Stolorow & Atwood, 1992) are understood by the Intersubjectivists as involving “conjunctions” or “disjunctions” between the analyst and patient’s organizing principles, rather than the often necessary outcome of collisions of agency or inevitable necessary enactments, clearly more the Relationalists’ position.

According to the Intersubjectivists, conjunctions and disjunctions of organizing principles undermine the analyst’s capacity for attuned responsiveness. If left unabated, they can become an obstacle to the analyst’s empathic, introspective, and interpretive capacity. Worst of all, the failing of this capacity will echo earlier failings, ones that correspond with developmental failures of attuned responsiveness. All of this falls within the Intersubjectivists’ model of developmental trauma (their principle model for explaining the development of disorders of self and affect). Their model emphasizes that the trauma in one’s upbringing is less specifically about the bad, sometimes unimaginably horrendous things that children are heir to than it is about the absence of an attuned response to the unbearable affect states that children are left with.

From the vantage point of the Intersubjectivists’ model, at least on the phenomenological level (which shares more in common with self psychology than any other clinical theory), if malattunement harmed, corrective attunement heals. Of course such attunement is constituted by highly affectively attuned interpretations of the patient’s experience such that the unbearable affective experience finally begins to make sense in the context of an experientially healing relationship. Here the Intersubjectivists mend what they see as spurious Cartesian divisions in the psychoanalytic canon between affect, cognition, insight, relationship, and so forth. As such, a well-attuned interpretation, de facto constitutes a new relational experience, a point also readily avowed in the Relational canon from at least Mitchell (1988) forward.

Returning to the previous vignette, several points help understand the position the Intersubjectivist took in her case. Her response flows from the following Intersubjectivist positions: (a) their aversion to anything suggestive of coerced mutual recognition (e.g., examining both the patient’s and analyst’s divergent perspectives on the matter at hand), (b) their adamancy about never arguing the “facts” of a patient’s assertion (in this case that his analyst called him a “borderline” and that she thinks of him as such), and (c) their emphasis on the relationally healing power of attuned responsiveness.

Taken altogether, it is understandable how the Intersubjectivist analyst in this case defers to her patient’s “perspectival” version of reality, indeed even overtly confirms it, notwithstanding the “fact” that it totally contradicts her own initial version of what happened, one, albeit, that she

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11Nor, as in the two subsequent case illustrations in chapter VI, does the analyst point out to her patients’ their misrecognition of her—that is, from her perspective.

12“Conjunctions” involve too great a correspondence between the patient’s and analyst’s organizing principles, while “disjunctions” involve too great a difference. In either case the analyst’s capacity to be empathically attuned is grossly impaired.
keeps private in a state of reverie, as exemplified in her statement, “‘Oh no,’ the analyst thinks, ‘it’s not possible. I have a poor memory, but I couldn’t have. I don’t even believe in the borderline concept and cannot remember ever having called anyone by that name.’”

It is this trajectory of theorizing that lends to many authors arguing that although the Intersubjectivists’ theory implies (at least on the explanatory level) a two-way model of intersubjectivity, their clinical illustrations, like the one just cited, frequently read (on the phenomenological level) more like one-way empathy-based versions, much like D. N. Stern’s (2004) description of one-way intersubjectivity (emphasizing I know what you feel). This is in contrast to the mutual recognition two-way model of intersubjectivity (emphasizing I know that you know that I know what you are feeling and visa versa), this latter position representing something closer to the Relational canon.

Of course, for the Relationalists, the assertion that I know that you know that I know what you are feeling and visa versa, cannot be thought of as necessarily being explicitly understood, but is much closer to what D. N. Stern (2004) referred to as “implicit relational knowing.” That is, it encompasses all the ways we implicitly and procedurally have a nonarticulated sense about how to relate to one another, often in manners that are nonconscious, and therefore have never been made explicit. This makes it fertile territory for what Slavin (2007) referred to as our penchant for “self-deception” as well as our adaptive skepticism about self-deception in others, points that are elaborated momentarily. Finally, this is comparable to the material alluded to earlier in the discussion of projective identification. That is, the Relationalists’ position that that which is implicit often must be enacted to make it available for analysis, for example, so that it can finally become explicated.

For the Relationalists, enactments fill in for that which attunement alone is unlikely to illuminate. This is in part accounted for by their belief that that which must become enacted involves dissociated self-states often inaccessible to attunement. Bromberg (2006) noted that while dissociated self-states are certainly often byproducts of trauma, they are also byproducts of “normal development”. Either way, Bromberg (1998) posed that our fundamental human struggle, is attempting “to feel like one, while being many.”

Prior to therapy, some self-states are simply incommunicado with others. It’s not so much that they are in conflict as it is they don’t even recognize one another—there are no access codes between them—so to speak. This is quite different from the ongoing “war” of the dynamic unconscious that attempts to manage conflicts that are prospectively accessible to consciousness through the “return of the repressed.” By contrast, because dissociated self-states exhibit little capacity to recognize other dissociated self-states they must be enacted to become recognized.

In this vein it is worth considering some relatively normative reasons for such dissociated states. One is the sheer ubiquity of malattunement in development. Fonagy (2003) reported that in the best of developmental circumstances caregivers are misattuned at least 50% of the time—so the linkages of recognition of disparate self-states can quite routinely end up on the unformulated editing room floor!

This seemingly sobering fact actually makes a great deal of common sense. When children are developing, they are changing all the time. The child, to whom the parent seemed so exquisitely attuned a month ago, may well be a “different” child this month and different in yet another. It can be exceedingly difficult to “score” very highly with “moving targets”! In fact, parents who try too hard can be experienced as overly attentive, robbing a child of her necessary privacy to sometimes come to things on her own terms before they are explicitly translated for her. This latter point is
further underscored by Winnicott’s (1971) observation of the duality of our desires to both be known and also to be utterly private.

An equal if not even more compelling reason comes from evolutionary theory. Slavin’s (2007) work highlights the evolutionary role of how self-deception facilitates keeping self-states disconnected thereby serving a critical adaptive function. It’s how we keep certain parts of ourselves alive, “sequestered into some less accessible place” (p. 16) when in certain contexts we perceive them as being threatened due to our “over-accommodation” to the needs, interests and agendas of those upon whom we depend such as parents and therapists.

Our “self-deception,” however, is counterbalanced by what Slavin (2007) calls our innate adaptive skepticism, which calls into question the “self-deception” of others. This, he argues, composes a great deal of our “implicit relational knowing.” All of this underscores the extraordinary challenge inherent in our analytic task as one of helping our patients (and ourselves) negotiate the extraordinary complexities of existing as meaning-making beings (unique in the animal kingdom), dependent on others, and heir to all the conflicts and problems inherent in negotiating our history of conflictual self-agendas in relation to those of our caretakers. Accordingly, Slavin noted some limitations in the selfobject theory of the Intersubjectivists in relation to his evolutionary model. He wrote,

The process of using the otherness of the analyst is inherently more conflictual in certain respects than, as I read it, any version of the notion of the selfobject, as it has been developed within the self-psychological and intersubjective systems paradigms. This is because the probing for otherness that I am describing entails a bit more active taking apart, or breaking down of aspects of the analyst’s subjectivity—a process that entails more of some type of adaptive aggression than anything that is encompassed by the ways we usually conceptualize the signaling and provision of selfobject needs. (p. 26)

I believe that Relationalists, such as Slavin, might be concerned when the analyst’s state of reverie regarding the facts of what transpired between herself and her patient is completely discordant with what she openly acknowledges factually occurred. In this manner, she might submerge his adaptive skepticism regarding her subjective state of mind (her reverie) rather than welcoming and embracing it. In so doing, she might inadvertently undermine or dissuade the type of “adaptive aggression” that Slavin argues a patient, especially a “longtime” patient, as in this case, may need to engage in. That is, to become “a bit more active taking apart, or breaking down of aspects of the analyst’s subjectivity.”

Instead, however, in keeping with the Intersubjectivists’ attunement-based, rupture-repair model the analyst’s action follows a prescribed trenchant set of values: (a) to not impose mutual recognition, (b) to never argue the facts that the patient presents, and (c) to immediately self-reflect about her participation in their rupture. Following this logic, the Intersubjectivists argue that “it is really not important whether the analyst used the word ‘borderline’ or not” (p. 118); what is important is hearing the patient’s accusation as signaling “something had gone very wrong between them,” something of which in her reverie “the analyst’s instant denial … signaled her unawareness of what happened” (pp. 118–119). Upon her self-reflection, we learn, that the analyst “had set herself in a know-it-all position vis-à-vis her patient” (p. 119), something akin to that with which “the patient had grown up in a home where the DSM … was the family dictionary … and

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13Slavin also argued that any form of innate adaptive skepticism will be terribly exacerbated through the kind of developmental trauma that the Intersubjectivists posit.
that this had caused actual harm, if only temporary, to their connection and to their joint search for emotional understanding” (p. 119). Once again, the logic of the *Intersubjectivists’* clinical approach is clear, if malattunement harms, corrective attunement heals.

Still, I think that the *Relationalists* might be concerned about the schism inherent in the analyst’s implicit communication (her nonverbal communication that her state of reverie would automatically register) versus her explicit communication (her confession that what she had “done to him is terrible” and “that his memory is generally much better than hers”; p. 103). This schism exemplifies the kind of commonplace moment of contradictory communication that is precisely the type we are all vulnerable of getting caught up in.

This is especially the case in moments of profoundly conflictual, deeply vulnerable challenges to our veridicality as analysts, ones that often completely blindside us and leave us reeling in our own moment of uncertainty, as sympathetically appears to be the case with the *Intersubjectivist* analyst. Under such circumstances, the analyst’s position can end up feeling to her that she is damned if she disagrees with her patient’s version of the facts and damned if she doesn’t (Ringstrom, 1998a, 1998b). Caught in such binds, analysts often revert to doing more of the same of what they routinely do in hopes that their clinical paradigm will obviate further rupture through their assiduous pursuit of attunement. This, of course, would be emblematic of the self-psychological position upon which the *Intersubjectivists* phenomenological, clinical theory is based.

Still, I believe the *Relationalists* would likely argue that there is a potential risk in not more directly grappling with the patient’s and analyst’s subjective divergence. In many cases, *Relationalists* would tactfully venture the question as to how their disagreement occurred. Indeed, absent doing so, *Relationalists* might be concerned that they would fortify the patient’s retreat back into his omnipotent/solipsistic approach to understanding, since he has no access to the analyst’s—dare one say—Cartesian “inner” subjective world of reverie, unless their differences are tactfully undertaken. Furthermore, the *Intersubjectivist* analyst’s implicit communication would most likely perturb her patient’s adaptive skepticism, though her explicit communication would prospectively “cut it off at the pass,” risking forcing him back into only trusting his “internal” omnipotent fantasy world.

In addition, this heightens the risk of not being able to explore their future differences, once again, consigning the patient back into a mode of subject-to-object versus subject-to-subject relating, that is, mutual recognition. Finally, not openly sharing the subjective reality of her own experience as it is being challenged in this very “now moment” confrontation removes the analytic pair from a prospective “moment of meeting” (D. N. Stern, 2004). The consequence of this is that the analyst risks stripping herself of a vitalizing role as an authentic player in the cultivation of dialogical truth.

In a manner that clearly appeals to me, it seems likely that *Relationalists* would embrace a very different course of action in the previous case. For the *Relationalists*, a discordant breakdown between the patient and analyst’s version of reality becomes a focal point for exploration, comparing respective visions in a manner that neither denies the patient’s version of reality nor defers to it.  

In short, it places “perspectival realism” in the very foreground of discussion, which is perhaps best exemplified in Ehrenberg’s (1992) work on the “intimate edge.”

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14One of the puzzlements of this case illustration is that it seems to contradict the *Intersubjectivists’* earlier position of neither confirming nor disconfirming the patient’s subjective experience, which they argued in Stolorow et al. (1987).
While the Relationalists would not be insensitive to analysts’ ubiquitous potential for malmattunement, what they would likely also want to entertain would be how the discordant breakdown might represent something similar to what I am referring to as “mutual inductive identification” a highly relationalized, bidirectional version of projective identification. These ideas are instrumental to our understanding of what gives rise to the ubiquity of enactments, that is dissociated self-states within both the analyst and patient that must be enacted implicitly to be made available for explication (Bromberg, 1998, 2006; Davies, 2004, 2005; Hoffman, 1998; D. B. Stern, 1997, 2007).

Accordingly, it is not simply that the analyst was malmattuned in her way of being a “know-it-all” ignoring her patient’s historical sensitivity to being classified by Diagnostic and Statistical Manual diagnoses. It would more likely be reflected upon by the Relationalists as a possible enactment between the two of them. This is what happens when the improvisational play space breaks down, (as it invariably does during the course of analyses). That is a space in which each freely tosses back and forth ideas that add to and build upon one another in the manner, which coauthors something heretofore unimaginable to either of them alone (Preston, 2007; Ringstrom, 2007a, 2007b, 2007d, in press-a). This version of improvisation deeply adheres to the contextualist argument of the Intersubjectivists while also invoking the Relationalists’ ideas about what happens when the emergent, mutually spontaneous, vitalizing play space devolves into a constricted, scripted, and therefore conscripting space devoid of play and “structured” thereby in enactment.

From the dramaturgical standpoint of “mutual inductive identification” this could entail the enactment of “old scenarios” coming from both of the participants (Mitchell, 1988). This can happen through very subtle implicit patterns of shaping one another (Shimmerlik, 2007)—as if casting each other in roles in an emergent mini-drama—versus openly playing with one another—as in improvisation (Ringstrom, 2007a, 2007b, 2008, in press-a, in press-b, in press-c, in press-d). These roles are not cast “whole cloth” but involve employing something implicitly evident about each other that lends to the shaping of each other’s “scene character.” That is, each partner detects, at least implicitly, something about the other that they must weave into the role into which they are casting them. In this manner the other inadvertently and unwittingly becomes a brilliant “method actor” (Stanislavski, 1989) of nonconscious cocreation. All of this involves some nonconscious recognition of each other that remains unarticulated until enacted (Bass, 2003; Davies, 2004).

For example, in the case illustration, we can imagine that something of the analyst was drawn (induced) into a familiar “know-it-all” position of her own lending to her seeming forgetfulness about her patient’s heightened sensitivity to anything that he might infer as a diagnostic classification. In this manner, the analyst falls into her own “parallel or complementary voices … representing her own dynamics” (Mitchell, 1988), for example, to become a “know-it-all.” Her patient likely implicitly registers this as a vulnerability of hers, just as all of our patient’s implicitly register our vulnerabilities (as we do theirs). All of this becomes fodder for our adaptive skepticism about one another.

This could involve the patient drawing the analyst into a “know-it-all” position wherein she begins to simulate a version of the behavior of his family members coming from “a home where the DSM … was the family dictionary” (p. 119). It seems fair to presume that such “diagnoses” were employed as means of leveraging the patient into “over-accommodating” what Slavin would call his caregivers perhaps “best intentioned needs, interests and agendas” for their son, albeit ones
that, as are so often the case, one’s grossly malattuned to his developmental needs, interests and agendas.

In this developmental context, we may further presume that the Intersubjectivists’ developmental trauma model was a near perfect fit for much of the analysis. In fact, my sense is that in many longtime analyses, ones that have benefited exceedingly well from the kind of assiduously attuned interventions that the Intersubjectivists make, eventually there comes a time necessitating the “testing” the “goodness” of the treatment by drawing it into some “badness” or of some “adaptive skepticism.” This may further necessitate some “adaptive aggression,” the kind that Slavin (2007) suggests, involves “a bit more active taking apart, or breaking down of aspects of the analyst’s subjectivity.” Such enactments may be the only means by which to deal with the patient’s skepticism: “Can all this ‘goodness’ be for real?”

For the analytic pair to restore a sense of authenticity, they must sometimes move beyond the vagaries of language, which are so readily entwined in mutual self-deceptions, and are therefore subject to adaptive skepticism. From a Relationalist standpoint, all of this “using the other” is seen as the precursor for the instantiation of mutual recognition. For this to happen, however, neither person’s version of what occurred between them can ultimately pull rank on what is the “factual truth.” Instead, both must be available to call one another into question in the pursuit of dialogical truth, which is precisely what the Relationalist position argues.

Ultimately, all of this forces us to revisit the “language game” distinctions between the Intersubjectivists and the Relationalists. In a fascinating way, we can see how language use shapes, emphasizes, and tilts both the explanatory and phenomenological fields of inquiry of each perspective.

Through the Intersubjectivists’ assiduous need to separate the explanatory from the phenomenological as well as to eschew any psychoanalytic construct that retains roots in a Cartesian worldview, they have created an extraordinary, radically contextualist theory. It warns against a host of analytic errors that traditional psychoanalysis is prone to. Just a few examples include the problem of localization (as in who is responsible for what in the intersubjective field); the problem of reification of what are labeled “mechanistic metaphors” such as transference, projection, distortion, induction, identification, representation, delusion, and so forth; and the problem of analysts being vulnerable to invoking theory in a manner that makes them act like they know more than they do and seek out evidence of psychoanalytic formulations rather than remaining open to the unique emergent properties of any given contextual moment.

In their act of subversion to all these problems endemic in traditional psychoanalysis, the Intersubjectivists caution that their radical contextualist position lays analysts bare to all the anxieties of “structureless chaos” (Stolorow et al., 2002, p. 97). Such “chaos” results in tearing us away from the conceptual footholds that psychoanalysis has historically taken for granted. In so doing, it forces us to face the fundamental uncertainties of existence against which the Cartesian world of ideas seeks to protect us.

In all of these ways, the Intersubjectivists’ purist form of phenomenology tilts their clinical mode of practice to one that is always in pursuit of attuned responsiveness, especially, with attuned responsiveness to any ruptures borne of malattunement or even attunement to our traumatic existential encounters with our own finitude, our mortality (Stolorow, 2007). This also likely makes the Intersubjectivists unexcelled in their sensitivity to patients’ experiences of shame and blame, ones to which patients can be especially vulnerable with what the Intersubjectivists classify as “isolated-mind” interpretations or sometimes even mere reflections of the vicissitudes of our being.
As such, it cannot be emphasized enough that the Intersubjectivists’ paradigm, both on the explanatory and phenomenological levels is crucial to psychoanalytic practitioners. The Intersubjectivists argue these points with a kind of emphasis that is not found elsewhere, including the Relationalists’ canon, though the latter does in many ways overlap with many of the Intersubjectivists’ most salient points. Clearly, the Intersubjectivists’ sensibility positions them on the end of the vulnerability continuum that especially addresses the patient’s needs in a manner that is crucial for us to always consider.

Notwithstanding the crucial contributions of the Intersubjectivists there are ways in which the Relationalists’ position is equally important albeit coming from a somewhat different direction. For the Relationalists, the pristine aesthetics of the Intersubjectivists’ “language games” argument comes at a considerable price to a much broader, albeit sometimes messier, psychoanalytic canon such as theirs. Indeed, some (Ipp, 2007; I. Philipson, personal communication, 2007) have argued that the Intersubjectivists’ efforts at cleaning up our use of language inadvertently create a kind of “language policing,” that by making verboten all psychoanalytic constructs linked to Cartesian philosophy, they have denuded from the phenomenological level of practice a rich set of metaphors that augment grasping the complexities of everyday clinical practice.

As evidenced throughout this article, the Relationalists are much more comfortable retaining the rich treasure trove of psychoanalytic constructs so long as they are always “recontextualized” as being bidirectional and mutually influential. Even this idea, however, is wisely seasoned with the recognition that sometimes degrees of influence between the analytic participants can differ significantly, a point the Intersubjectivists might accept on the phenomenological level but is untenable to their explanatory theory. From the Relationalists’ standpoint, degrees of influence are often understood in terms of who has more at stake in a given situation, that is, who has a more formidable agenda, and therefore a more pronounced sense of agency in a given context of engagement. Furthermore, when all of this is nonconscious and below attunement-radar, as it often is, it will most likely have to manifest as an enactment, a conceptualization dependent on the very “mechanistic metaphors” the Intersubjectivists insist we abandon. By contrast, the Relationalists simply take these so-called mechanistic metaphors for granted as operating in both the patient and analyst, and therefore as being constantly mutually influential.

All of this leaves us with a fascinating paradox regarding each perspectives adherence to its respective “language game.” Whereas, the Intersubjectivists’ position ostensibly seems to be the most open as an intersubjective field theory that makes no assumptions beyond that of being a “contextual pre-condition for having any experience at all,” its penchant for “language policing” and its primacy of self psychologically infused ideas in its case illustrations inadvertently constrains the very openness that its explanatory level suggests. Meanwhile, the Relationalists more colloquial “user-friendly”—“what’s good for the goose is good for the gander”—application of traditional psychoanalytic language to both analyst and patient alike appears to offer a larger cornucopia of ideas from which the clinician is welcome to delve. The irony seems to be that the Intersubjectivists’ concerns over the potential conceptual cul-de-sacs any “isolated mind” construct may incur has resulted in their closing down traditional access routes to those ideas. Perhaps this is why Mitchell never had much faith in our ever escaping the intrinsic messiness of our “language games.” Rather than proffering a separate explanatory level of theory that attempted to clean up our “mess,” he advocated that we simply must be more accountable for how we employ our ideas while relishing the extraordinarily rich “cornucopia” of concepts that the psychoanalytic canon avails to us (Mitchell, 1997; Ringstrom, 2002b).
Nevertheless, for my money, both perspectives are crucial. Whereas the Relationalist position offers me a richer treasure trove of analytic ideas, ones perhaps especially useful during my own moments of vulnerability as an analyst, the Intersubjectivists’ attention to the patient’s vulnerability to shame and blame is comparably crucial. This underscores how each perspective balances the weight of vulnerabilities of analyst and patient that each makes focal in their theory. Taken together, the two perspectives augment one another in crucially important ways that make them insufficient without the other, and therefore both necessary.

In the end, much like the playful quote, “England and America are two countries divided by a common language,” one might say that the “Intersubjectivists and Relationalists are two perspectives divided by a common epistemology.” Despite their differences in use of language, it is because of their differences that the Intersubjectivists and Relationalists both make essential contributions to contemporary psychoanalytic thinking. Each clearly deepens our understanding of our own “optical delusions” as well as those of others. As a result, my theoretical and clinical sensibilities are deeply indebted to both.

REFERENCES


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